CHAMPVA POLICY MANUAL

CHAPTER: 2
SECTION: 29.12
TITLE: PERCUTANEOUS LUMBAR DISCECTOMY (PLD)

AUTHORITY: 38 USC 1713; 38 CFR 17.270(a) and 17.272(a)

RELATED AUTHORITY: 32 CFR 199.4(c)(2) and (c)(3)

TRICARE POLICY MANUAL: Chapter 3, Section 15.8

I. EFFECTIVE DATE

February 1, 1990, Percutaneous Lumbar Disectomy

NOTE: Due to the retroactivity of the effective date, when requested by beneficiaries or providers in specific cases, previously denied claims or appeals for PLD performed since February 1, 1990 may be readjudicated.

II. PROCEDURE CODE(S)

62287

III. DESCRIPTION

Percutaneous Lumbar Discectomy (PLD) is one alternative to open surgery for treating herniated lumbar intervertebral discs that fail to respond to conservative therapy. PLD can be performed either manually or with an automated device. In manual PLD, nuclear material is removed from within the disc annulus by cutting forceps. Automated PLD is accomplished by inserting a cannula/probe into the disc space with fluoroscopic guidance. Once in place, cutting, irrigation, and aspiration of the nucleus material is performed until no further material can be removed. PLD is usually performed under local anesthesia and can be performed on an outpatient basis.

IV. POLICY

A. PLD is a covered benefit in cases of selected patients who meet all the following criteria:

1. Must be between the ages of 18-50 years old.

2. Must have a physical and diagnostic image confirming the presence of an uncomplicated, contained disc herniation within the annulus.

3. A major complaint of acute unilateral leg pain (i.e.,persistent radicular pain) or a major complaint of acute and intractable discogenic back pain consistent with a herniation contained within the annulus of the disc;

4. Neurologic signs or symptom(s) (e.g., sensory abnormalities, reflex alternations, positive straight-leg raising test, weakness) that are consistent with a herniation contained within the annulus of the disc; and

5. Radiographic evidence revealing the presence of an annular disruption or herniation that is contained within the annulus of a lumbar disc (L1-L2 to L5-S1) and consistent with the signs and symptoms.

6. Attempts have failed to relieve pain and other signs and symptoms under the supervision of qualified medical personnel through such conservative measures as bed rest, physical therapy, analgesics, and muscle relaxants.

B. The device is approved by the Food and Drug Administration (FDA) for commercial marketing for the specific application and must be medically necessary for the treatment of the condition for which the device is intended to be used.

V. POLICY CONSIDERATIONS

A. PLD performed for herniated lumbar intervertebral disc during the first month of low back pain symptoms (with or without sciatica), unless progressive neurologic impairment, including cauda equima syndrome, occurs, is not covered.

B. If sciatica is present and symptoms persist longer than one (1) month without improvement, percutaneous lumbar disectomy is a reasonable option to treat a patient's herniated lumbar intervertebral disc.

C. Previously denied claims for multilevel disc herniation which are brought to the attention of CHAMPVA will be reprocessed according to this policy and all other claim processing requirements.

VI. EXCLUSIONS

PLD is NOT eligible for reimbursement for patients who demonstrate any of the following:

1. History of previous chemonucleolysis (failed back surgery syndrome) or surgical treatment of the disc presently suspected to harbor a symptomatic herniation.

2. Progressive neurologic dysfunction.

3. Evidence of a sequestered disc or free fragment of disc.

4. Evidence of a vertebral disease such as degenerative spinal stenosis or spondylolisthesis.

END OF POLICY